**Opening Statement of the Honorable Tim Murphy**
**Subcommittee on Oversight and Investigations**
**Hearing on "Examining the U.S. Public Health Response to the Zika Virus"**
**March 2, 2016**

*(As Prepared for Delivery)*

This morning, we will be examining yet another public health crisis afflicting the Western Hemisphere – The Zika virus. The Zika virus, a mosquito-borne pathogen, is currently rampaging through South and Central America and in total, has spread to more than 48 countries and territories. While as of late February there had been no known locally acquired mosquito-borne cases reported in the continental U.S., over 100 travel-associated Zika virus disease cases have been identified in over 20 states. Outside of the 50 states, local mosquito-borne transmissions have been reported in Puerto Rico, the U.S. Virgin Islands, and American Samoa. Public health officials in the U.S. are bracing for the time when Zika passes from a traveler with Zika in his or her blood to a local mosquito, and then to another person.

Only about one in five people with Zika infection exhibit symptoms, most of which are mild and flu-like. Of greater concern is growing evidence of a link between Zika infection and microcephaly, a congenital birth defect in infants born to infected mothers, as well as Guillain-Barré Syndrome, an immune disorder that can result in temporary paralysis. On this basis, the World Health Organization recently declared Zika a "public health emergency of international concern."

The virus may also be transmitted through blood transfusions and sex, leading the Centers for Disease Control (CDC) to issue interim guidelines for prevention of sexual transmission and the Food and Drug Administration (FDA) to take steps to reduce the risk to the U.S. blood supply. Thus far, there has been only one reported case in the U.S. of a child born with microcephaly to a mother with travel-associated Zika virus. However, other pregnant American women have become infected with Zika. Our understanding of how the virus may impact a developing child during pregnancy is nearly non-existent.

We can, however, reasonably assume that a virus affecting development of the brain on a large scale leading to microcephaly in the 1st trimester will also impact other significant developmental functions for infants, toddlers and children exposed to the Zika virus. These include development disorders and difficulty with learning, primary sensory and sensory integration, memory, attention, concentration, behavior, mood, language, motor perception and others. Given all of the unknowns, the importance of acting now to protect pregnant women and women of reproductive age from exposure to Zika virus cannot be overstated. However, we must be equally concerned with protecting infants and children with developing brains and not wait 5-10 years for symptoms to appear before we take action to protect, track, and treat.

To help prepare for and respond to Zika, the Administration recently requested Congress to provide over $1.8 billion in emergency funding. The request includes support to states, U.S. territories, and the international community for mosquito control, virus testing, and expanding surveillance and response activities. It also supports efforts to build upon existing resources to develop a vaccine for Zika.

While the Administration's request has worthy aims, its one-off emergency funding approach, like the $6 billion for Ebola emergency funding, demonstrates a reactionary posture towards public health preparedness rather than a strategic one. On February 12th, this Subcommittee held a hearing examining the federal government's preparedness for biological threats, focused on the findings of the Blue Ribbon Study Panel on Biodefense. The panel concluded that the federal government is ill-prepared to handle future biological threats – an alarming conclusion because, since 2002, infectious disease outbreaks, epidemics, and pandemics have emerged with increasing frequency. Zika is just the latest example of this trend.

The Administration's response to Zika raises very serious questions. There are no commercially available diagnostic tests for Zika, nor has a vaccine been developed. In the absence of these measures,

mosquito control is the nation's critical defense. However, mosquito control in the U.S. is a patchwork of 700 mosquito-abatement districts dependent on state, county, or city funding and personnel, with varying capabilities. This unorganized hodgepodge could leave the U.S. vulnerable to a rapid outbreak of Zika. The Administration has not explained how its emergency request will address issues with vector control.

Public health departments and the CDC are using two Zika diagnostic tests only available for U.S. labs. As the Government Accountability Office's testimony (GAO) makes clear, these tests have serious limitations, including the ability to either detect Zika or to be able to distinguish Zika from other viruses. In addition, the confirmatory testing for Zika detection is used only by CDC and a few labs, is cumbersome, and not suitable for screening a large number of individuals. This very limited capacity for confirmatory testing is very troubling when we consider the expected surge in the demand for Zika testing as we reach the warmer months. Again, the Administration must explain its plan is to address the testing capacity issue.

Once again, as with Ebola, we are assured that Zika will not be a significant problem in the U.S. While Dr. Anthony Fauci of the NIH has stated that it is unlikely that the U.S. will have a major Zika outbreak, another expert differs. In his written testimony to the committee, Dr. Peter Hotez, of Baylor School of Medicine, notes that the experiences of Texas showed dengue outbreaks occurred in the poorest areas of Houston and other Gulf Coast cities vulnerable to Zika.

This morning we will be taking testimony from a panel of federal witnesses, including the Assistant Secretary for Preparedness and Response at HHS, the Director of CDC, the Director of the National Institute of Allergy and Infectious Diseases at NIH, the Acting Chief Scientist of FDA, as well as the Chief Scientist of the GAO.

We will then hear from a second panel featuring specialists in tropical and maternal-fetal medicine, mosquito control, and global health law. I would like to thank all of our witnesses for joining us this morning and look forward to hearing your testimonies.

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